DOCUMENT RESUME

ED 411 491 CG 028 017

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TITLE Consultation and Positive Responses: Empowering School Psychologists with Healing Humor.
PUB DATE 1997-04-04
NOTE 23p.; Paper presented at the combined Annual Meeting of the National Association of School Psychologists and the California Association of School Psycholoists Annual Convention (Anaheim, CA, April 1-5, 1997).
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; Children; Counseling Effectiveness; *Counseling Techniques; Elementary Secondary Education; Empowerment; *Humor; Pupil Personnel Services; School Counselors; *School Psychologists
IDENTIFIERS *Laughter

ABSTRACT

The school psychologist is asked to consult and advise in situations involving diverse needs, diverse cultural implications, and diverse choices. In the challenge of counseling, humor can ease tension by promoting rapport, relaxation, and shared insight between the counselor and the client. Humor, it is claimed, not only relieves physical and emotional stress, it also boosts the immune system. Some discussion on the nature of humor is presented here, such as the use of humor in ancient medicine, along with research and practical applications. Specific tips on how school psychologists can use humor are outlined, including ways in which it can be used with special education students. It is not suggested that psychologists must entertain their clients, but that they practice using humor in their personal perspectives. Humor is presented not only as healthful, but as an effective approach which empowers the counselor and alters client perceptions toward the desired consultation outcomes. (RJM)

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ED 411 491

Consultation and Positive Responses

Empowering School Psychologists with Healing Humor

by Anita Hook, M.A.

Presented at Paper Session

at the combined National Association of School Psychologists and

California Association of School Psychologists Annual Convention

in Anaheim, California

April 4, 1997

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Abstract

The school psychologist is asked to consult and advise in situations involving diverse needs, diverse cultural implications, and diverse (or rather limited) choices. Humor helps in these situations; it is a proven form of exercise that relieves physical and emotional stressors, it boosts immune system functioning, and it induces rapport through the insight shared. Humor is an ancient healing art found in all known cultures and considered to be a natural coping mechanism. It "works" when it is genuine; that means it has only good intentions and includes flexible thinking and reasoning which ultimately shares insight. Previous research suggested that students respond more to the perceptions they think teachers have of them than to any other verbal information. Previous research also suggested that teachers select behavior management methods they expect will be effective and report as effective only the methods they perceived would be effective. Perceptions are indicated as driving forces altering use of methods/interventions discussed during consultation. Humor works on perceptions through promoting rapport, relaxation, and then shared insight. The school psychologist does not need to be an entertainer; it is easy and can feel natural to use humor effectively for altering other people's perceptions toward the desired consultation outcomes, possibly even for influencing the adolescents with serious emotional disturbance.

Consultation and Positive Responses: Empowering School Psychologists with Healing Humor

Introduction: Why Humor?

At the California Association of School Psychologists' convention in San Francisco one beautiful Spring Saturday in 1995 we were all waiting to finish just one more seminar and then fly home. We packed into a too-small room for Vicki Easley's talk on "The Magic of Laughter" and did not want to go home. It was good; it was a relief; it made going back to work on Monday feel different. That is what this paper is hoped to begin for other people; a good feeling, a feeling of relief, and a hopeful "spring" in your steps back to work these next days. We learned that 1995 Spring day what others learned years before-----ages before; that real belly-level laughter is exercise, it is aerobic exercise that is healthful to the body, and it is an accessible activity for coping with just about any situation (Easley, 1995).

Like many of you, we return to work to consult with the diverse cultures and needs in (at least California) schools to discover that the interventions and suggestions so many researchers in our field give us do not seem to get take effect in the classrooms or homes in which we suggested they be used. Look, if you will, closer at the research. Dr. Robert Rosenthal completed 30 years investigating

what makes a critical difference in the performance of a student. He concluded that the teacher's perception of how successful the student would be was conveyed to the student in the teacher's nonverbal behavior. Ultimately, the student behaved in accordance with the message that student perceived or "read" from the teacher's behavior. The teacher's behavior was a reflection of the success expectation the teacher had for that student; the student "got it' and became it----irrespective of other verbal influences (Rosenthal, 1994; Rosenthal & Jacobsen, 1992).

My research on interventions for students with problematic behaviors led me to a focus on modeling interventions first to the teacher and then eliciting their ideas about how effective they thought that intervention might be for their students who showed problematic behaviors. Modeling the intervention did not, unfortunately, yield the results I intended; it did not seem to give them such an experience that it changed their expectations of the interventions. The teachers received praise and a smile before being asked to rate the interventions; however, this "presentation" did little to change what they thought would happen if they praised and smiled at their students (Hook, 1996). What mattered in their formation of expectations was, instead, their perception of the student and of the efficacy of that intervention based on previous experiences.

After getting these research results, effective consultation began to seem to somehow based in perceptions the school psychologist elicited in the other person

and in working on the perceptions the other person already had about the interventions/ideas being discussed. Experience, at different points in time, altered expectations in teachers and in me.

Expectations originate from perceptions, it is really the perception or meaning we give an experience, rather than the objective "facts" of the experience, that alters our opinions or expectations of any outcomes.

For example, there was a "S.T.O.P." plan for managing problematic behaviors described to teachers, as part of my continued research on problematic behaviors. The name was short for first looking at "stopping the stress" one felt, then "teaching to the needs" (academic and emotional) of the student, then reviewing and selecting "options with which to respond" to the behavior, and finally "planning" an effective way to respond to and manage the behavior. The approach, when taught at an inservice or reviewed during one-to-one teacher or parent consultation was well received; it made sense and considered the teacher or parent's stress level first before asking them to do something different than their usual approach. However, follow-through often "fizzled." The teacher or parent had not caught the "perception" or "dream" of success in the plan or....they were too fatigued to use it consistently.

The problem in consultation is really one of conveying perceptions of success for the intervention from consultant to consultee. These teachers and

parents mentioned above continued to perceive the difficulty and their own fatigue that might continue while trying to imagine success with the intervention. What won out in their mind? The emotional and physical sensations won a "battle" with the cognitive-only based plan.

Figuring out all this perception business in every consultation seemed concentration intensive and overwhelming to me. In contrast, humor and laughter concepts provided relief and sometimes really seemed to alter consultation outcomes. The research available dove-tails with our practical experience to let us begin to consider humor as an effective psychological, physical, and social "tool"; humor is highly beneficial in harmonizing consultation outcomes between the consultant and consultee. Humor helps because it destroys negative emotions (the psychological/emotional component), improves physiological functioning of at least six human systems (improvement in the muscular, respiratory, immune, endocrine, CNS/brain, and cardiovascular systems have been supported by research thus far), and, with these components addressed in the consultee, can then establish natural rapport through the innate, humanly-inherited capacity to share humor (Fry, 1994). Dr. Dunn describes humor as multifaceted----each person responds to one or more aspects involving puns, gestures, and/or the silliness in everyday events. What matters is identifying and sharing that person's unique, innate, capacity to enjoy humor; doing so engages the "basic", "primitive"

brain stem all the way to the more "advanced" neocortex. The brain functioning is enhanced through humor; it is made receptive to broader-based thinking (Dunn, 1993).

That is research; how about our experiences with humor; do the experiences fit the research? You may wish to review and consider your "humor" experiences. Earlier in our current school year, two Individualized Educational Plan (IEP) meetings showed the differences to me in an atmosphere of hopelessness versus humor. At one IEP meeting, we were only reviewing the need to add a one-to-one behavior aide, as the parent had desired, in the midst of pending mediation on other issues related to the student's placement. The atmosphere was tense, full of legal and agency representatives and the inherent "posturing," with all people carefully selecting the words they used. It was energy-draining and sad to be there. In contrast, another IEP meeting that week had grandparents who were working hard with school personnel in an uphill "trek" for a student who had experienced serious emotional disturbance. The grandfather was especially humorous in his comments; he joked about the "treacherous path that homework must take each day" in describing genuine concern for knowing what homework should be taken home and completed. We left this second meeting with smiles, hopefulness, energy, and great ideas that were shared, implemented, and are working.

Humor provides well-being and hopefulness that we as school psychologists desire and need frequently throughout the demands of a day (Fry, 1995; Dunn, 1993). It alters perceptions in people that meet for any purpose.

Humor alters perceptions reliably and universally. Psychologist Dr. Peter Salovey of Yale University reports that humor is identified as present in every known culture. Furthermore, the inherent emotion in humor, happiness, is the most easily recognized emotion people in the United States perceive in even such a diverse culture as that of the New Guinean people (Salovey, 1996). Psychiatrist Dr. Fry also reports that "there has never been discovered anywhere in the wide world a culture or group of people who did not enjoy humor and mirth and laughter as important parts of their lives" (Fry, 1995). Psychologist Dr. Dunn's point about the universality of humor is that it is sometimes not identified in people because the "perceiver" does not comprehend the unique style of humor present in a person (Dunn, 1993).

What humor is: Research and practical applications

There are times we read, learn, memorize, and attempt to apply what our professional books "say" to do only to have that awful thought creep in, after the last suggested intervention is exhausted, "so...what DOES work?" Humor is a reliable answer; it is an ancient answer. Humor is actually an ancient healing art.

Dr. Salovey reminds us that in the ancient times of Hippocrates difficulties----physical and emotional----were related to imbalances of temperaments. Interestingly, humor is not dangerous; an excess of the "humor" called mood, whose source was heat (yes, we usually get warmer when we relax and laugh), was believed have the "symptoms of becoming "sanguine, hopeful, and confident" (Salovey, 1996).

Humor has an ancient, genetic basis as well as an ancient psychological use. Dr. Dunn observes that humor develops predictably in healthy infants. He reports that by one month of age many infants show a "chuckle" response; by four to six months of age most infants respond with giggles to particular sounds and touch. At ten months of age there is present in infants a laugh when given visual stimuli, such as the desired caregiver. When one year old the child reportedly initiates laughter, through such games as "peek-a-boo;" by four years old the child laughs on the average of one time every four minutes (Dunn, 1993).

How many times are we laughing? We know how; we have the muscles for it. Dr. Dunn explains the lay terminology of Ms. Easley's "zygomaticus": the upper lip raises, teeth become partially uncovered, cheeks round and then become elevated, the mandible (jaw) and head retract, eyebrows and the corners of the eyes raise, and gradually repetitive contractions of facial muscles and of the diaphragm lead to dilated vessels of the head, face, and neck (e.g., look of blush or

redness) that completes the picture of "laughter." Every healthily-functioning human can laugh; in fact Dr. Dunn reminds us that there is no record (or no need of a record) of anyone not laughing (Dunn, 1993).

Humor also promotes healing. Research identifies improved functioning in at least six of the body's physical systems (Dunn, 1993). It must be understood, however, that "humor" and even its facet of teasing uniquely contrasts from comments that would induce laughter in some people at the cost of being harmful to other people. Even Dr. Saltman, Professor of Special Education at Southern Connecticut State University, states that any healthily-functioning human knows when a joke is destructive or not (Saltman, 1997). Humor bonds people in understanding difficulties while harmful joking divides people from one another. Humor includes laughing at oneself while harmful joking places blame on other people and laughs only at others. Humor illuminates solutions; harmful joking obscures solutions. Humor decreases tension; harmful joking increases tensions. Humor builds confidence while harmful joking destroys self worth. Ultimately, humor involves other people in sharing joy; harmful joking excludes some people from enjoyment (Dunn, 1993).

Research shows that the experience of humor alters neurochemicals that respond to stress (Salovey, 1996), increases immune system activity, and decreases production of stress hormones (Berk, 1994 & 1996). It beneficially modulates

immune system functioning after a person views only ten minutes of a happy, funny movie clip (Bittman, 1997). Interestingly, just ten minutes of watching a sad movie clip depresses immune system functioning for at least twelve hours; the funny movie clip boosts immunity from colds or whatever for also at least twelve hours.

To use humor, as opposed to harmful joking or inappropriate laughter, becomes an art. We know humor is an ancient healing art because in impacts the psychological, physical, and socially-interpersonal levels. Mr. Gindis cites Vygotsky when he describes that psychological "tools" that help a child develop cognitive capacities include language that contains social meaning (Gindis, 1996). Humor shares insight by providing a mutual sharing of enjoyment based on comprehending social meanings of words interacting. It is an art to use language this way; it is also an art requiring practice and kind sensitivity to each person's unique, innate style of humor in any given setting (Gliner, 1996).

Applied as "art" to social interactions, humor enhances the productive function of any group of people through the cooperation and understanding that results by insight shared (Dunn, 1995). Also, the shared insight can motivate action in groups. Dr. Dunn reports that research supported enhanced positive affect in people who experienced humor; these people also appraised challenges as less threatening and more enjoyable.

What is happening in a group of people----even only two people----is a social bond. Mutual discovery between/among the people leads to "synergy" in their relationship and allows the reciprocating benefit of shared hope (Fry, 1995; Gliner, 1996). The consultee "catches" the hope of a change for the better after sharing humor, relaxing, reciprocating laughter, and then being open to the added enjoyment of a challenge to make changes. Is that not what we aim to accomplish daily?

Humor is a tool for establishing the "therapeutic alliance" we as psychologists desire to share with those people to whom we are the "professional", the "expert." Research by the National Institute of Mental Health (NIMH) recently identified the "therapeutic alliance" as the critical component making a difference in outcomes for patients treated for depression by psychotherapists (Bower, 1997). We, as health care providers, aspire to "condition positive emotional states" in other people (Bittman, 1997); humor can do it. Research even supports that sharing the emotion as well as just the fact about a traumatic incident enhances physical health as well as psychological health (Salovey, 1996). Practical experience with any shared moment of laughter or humor supports that a therapeutic bond follows; we often look at each other, smile, and even move closer, more freely, after sharing laughter around other people. Humor extends our insights and our "in-roads" into other people's perceptions and well-being.

Finally, we learn than humor is defined as a coping mechanism. International political hostages such as Terry Anderson report using humor for a hopeful perspective on his dire (at that time) situation as well as for creatively using/organizing anxious moments (Anderson, 1996). In fact, Dr. Dunn's interview with psychologist Jim Mitchell indicates that the United States Air Force has known and taught humor for a long time as a survival weapon for dire situations (Mitchell, 1996). Dr. Mitchell states that personnel "capable of generating humor were significantly less likely to be captured." Dr. Fry states that research identifies the ability to use humor as a sign of maturity (Fry, 1997).

Using humor as a school psychologist

Humor is innate, it heals and it alters perceptions in a way promoting sharing of insight, well-being, and motivation/hope. People laugh and become more likely to happily and healthily enact interventions successfully. Humor, recall, is an art; to do art successfully one must first tap one's "artistic" potential.

To use the art of humor does not mean one must be an entertainer or some sort of walking comedy store. We simple need to start by practicing a focus on it.

Practice using humor begins with checking our personal perspective on life and humor as often as we perform daily hygiene, such as brushing our teeth.

Using humor starts with adding emotional hygiene to the daily physical hygiene routine. Antoinne de Saint Exuprey wrote a classic short story of a little prince who drops onto earth from an extremely small planet. He has a different perspective there. He comprehends the earthly adults' drawing of a boa constrictor that swallowed an elephant accurately; not as the line-hump-line profile of a hat, which is what most earthly adults were limited in perceiving. He also "perceives" part of his daily hygiene as "weeding" any baobab tree sprouts from the limited earthy substance of his tiny planet. For the little prince, one sturdy baobab weed-sprout is a threat to growth of other baobabs, whose combined roots would quickly crack the tiny planets' soil to shattered nothingness of non-existence.

Daily baobab "hygiene" is critical to The Little Prince (de Saint Exuprey, 1971); daily "weeding" of our emotional attitudes and perspectives that limit/prevent humor is also essential.

Ms. Easley taught us the value of laughter as daily exercise. Citing Dr. Fry's research, she teaches us to do at least 15 deep, belly-jiggling laughs daily; it is the equivalent of doing 10 minutes of vigorous rowing, and not all of us could get on a rowing team so laughter is a better answer (Easley, 1995; Fry, 1995). Art Gliner, an ex-actor, radio announcer, and singer-turned public speaker, tells us that we should also consider smiling daily. He describes "humor" in dealing with the

end of a person's life and begins by teaching people to smile daily and even look for/make a "funny noise" each day to keep that smile continuing through the day (Gliner, 1996). How many days do we smile through even the 10 o'clock hour of the morning? It could change the day's interactions with other people if we did.

After our daily humor hygiene time of weeding thoughts, of breathing/laughing, of "dressing" in a smile, and perhaps of finding a funny noise for the day, we need a free day! Seriously, we need to give ourselves relief from the personal pressure many professionals place on themselves daily for perfection. We are humor-made humans; aiming to be perfect provides standards of excellence. However, it is appropriate to give ourselves permission to accept and trust our professional standards, accept and trust all that is accomplished in a day, and still comfortably place unreasonable pressure for perfection into an imaginary balloon and let it go up high, away.

Chaplain Eberhart, who now helps "heal" people through the humor of Will Rogers, tells us to laugh at ourselves (Eberhart, 1996). Art Gliner, who now also trains counselors dealing with families who lost loved ones recently, tells us to recall funny incidents from the past, laugh at even our silly part in those incidents, and allow the hopefulness of another funny event in the future to take hold. Gliner provides "hopefulness" for those of us whose "humor IQ" is not yet ready to recall funny events and laugh. He explains that just adding the subject of pets to a

conversation can nurture humor and its healing hopefulness in any discussion (Gliner, 1996).

What we are learning to do in our first steps of using humor is to develop a special focus, a "phocus", on our day, that allows humor to flow toward and through us. Our "phocus" is to be on playfulness, on "phinding phun" in events or conversation----of course, in kindness and as appropriate to other people's unique sense of humor. Humor implies that child-like playfulness that actually enhances imagination and understanding through using reversals of usual meanings and reactions (McGhee, 1996; Dunn, 1993). Playfulness leads to a relaxed, free-to function mind that thus becomes more creative.

We are learning that we do not have to be an entertainer to use humor effectively. We just need to prepare-----do the daily humor hygiene routine----then become phocused on play. Chaplain Eberhart correctly observes that "when we are truly at play is when we are most ourselves" (Eberhart, 1996). We cannot play unless our thoughts are phocused forward, on hope. As we use the play and hopeful phocus, we alter perceptions and interactions within ourselves, and thus, according to Rosenthal and Jacobsen, we alter how other people perceive and respond to us.

So....like teens would say, "dah....why don't you just do it?" That can be our acronym by which we use humor. Decide to use humor as a better feeling than

being angry today (so do that humor hygiene daily), accept our personal humor IQ----no matter what you think of it, then have different options (the "do" part that you use now). Options can include talking about pets with the consultee, reading and sharing jokes with people daily, and even logging funny things that happen each day. The decision is to phocus on humor options. However, the responses do not always as quickly follow the decision. As with people needing time to consider a change and then accept it, we must honor our body and mind in allowing it to "invest time" in adjusting our cognitive/logical and emotional functioning to a natural use of humor. It does happen, however.

One pleasing option many people apply to any habit change is the "swish" technique. One pictures something, in this case, really funny----complete with imagination of the sound and scents of that funny incident or thing. Think of it in the lower right tiny corner of a giant projector screen (and you are seated in the front of the theater). Every time an incident is difficult or worrisome, put it mentally on this screen and then "look" at the humorous event in the lower right corner; swish the humorous event like a huge paintbrush dipped in humor paint over the entire difficult scene; it now changes to the humor scene (Stanton, 1996).

The Possibilities Humor Holds: It Works

You are intelligent; you now realize you already use a lot of humor; maybe just not yet on a consistent basis. When you do "humor" someone, share a kind laugh, or even smile at another person----well, you know that feeling; it feels good, it feels comforting. Humor brings smiles and laughter; that is exercise for the body and more oxygenation to the brain, body and mind function better and this includes greater chances for enhanced access to creative, innovative ideas. It can help to have two or more people cooperatively brainstorming ideas for helping a student. Enhanced creativity when people brainstorm becomes "synchronized creativity." The insight shared has created good rapport and you figuratively think "together" yet harmoniously toward creating solutions.

Special education professor Saltman states that even special education students benefit from synchronized creativity inherent in humor. She uses clips of humorous events depicted in movies as video clips special classes study, re-play, freeze, and analyze for the social, non-verbal cues that signal humor will be stated. Students in special education often lack social skills due to language processing difficulties and the frustration they feel due to these difficulties. "Phocus" on humor relaxes their concerns/frustrations; when the phocus teaches visual cues of humor they are learning to "read" the social world and more easily fit/share life with other people (Saltman, 1997).

The special education population of students with serious emotional disturbance often has at least average-range ability to learn but below average clarity of thought/perceptions to comprehend information accurately. Humor relaxes their anxieties and sometimes their misperceptions----at least for a brief time. It is possible that humor----starting with a kind smile and talk about a pet----initiates a therapeutic alliance opening portals of the mind of the student who experiences emotional disturbance. Humor, as considered in ongoing research by the author, may be a portal of the mind that innately comforts, heals, and encourages accurate perceptions as well as self-insight in these students.

Does humor help with consultation? Y.E.S.S. You enhance synchronized creativity (with other people) and share accurate perceptions/insights. This help can occur even in therapeutically-intense situations such as dealing with students with serious emotional disturbance. Humor is an ancient healing art with which to familiarize oneself, to research effects of its practical use, and to possibly use for opening a portal of the mind.

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